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ABSTRACT

Mental health practitioners across the nation are faced with many stressors resulting from daily personal and professional challenges, including the emotional pain experienced by clients. While the literature has examined facets of client distress, little has been written concerning practitioners' experiences of distress. This study had two objectives. The first objective was to develop a profile of a collegial definition of "impairment." The second objective was to identify the responses of professionals when encountering these impaired colleagues. A total of 35 counselors drawn from American Psychological Association approved university counseling centers completed a questionnaire. Participants were requested to describe three events or situations in which a colleague was perceived as engaging in personally and/or professionally detrimental behaviors. The results identified five distinct categories of impairment: role stressors; organizational stressors; psychological/physical health factors; chemical use/abuse; and legal/ethical issues. The findings suggested that to some extent colleagues intervene based upon category of concern, existence of guidelines, and/or perceived potential change. (Author/ABL)

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PERCEPTIONS OF AND ATTENTION TO COLLEGIAL IMPAIRMENT: A PRELIMINARY STUDY

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PERCEPTIONS OF AND ATTENTION TO COLLEGIAL IMPAIRMENT:

A PRELIMINARY STUDY

Abstract

A preliminary study establishes a collegial definition of impairment, e.g., the behaviors viewed as detrimental to a colleague and/or the university which employs that individual. Willingness to intervene and the "hesitation" experienced in interacting with colleagues on sensitive personal/professional issues were investigated. Results indicated five distinct categories of impairment: role stresses; organizational stressors; psychological/physical health factors; chemical use/abuse; and legal/ethical issues. Findings suggest that colleagues, to some extent, intervene based upon category of concern, existence of guidelines, and/or perceived potential change.

PERCEPTIONS OF AND ATTENTION TO COLLEGIAL IMPAIRMENT: A PRELIMINARY STUDY

INTRODUCTION

Mental health practitioners across the nation are faced with many stressors resulting from daily personal and professional challenges, particularly including the emotional pain experienced by clients. Unlike other professionals, practitioners, who having been trained as perceptive, sensitive, and caring problem-solvers, experienced the additional burden of being expected to effectively and efficiently maintain these characteristics in both personal and professional aspects of their lives. Practitioners at times are expected to do the following: immediately identify "what is wrong"; effectively verbalize the observation in such a manner that it would not be perceived as offensive; maintain objectivity in all instances; be respectful; and offer unconditional positive regard. Such expectations may be held by both those inside and outside the mental health profession. Regardless of the source, it should be quite apparent that the existence of such expectations poses a unique professional experience for those who are in the business of helping others. In the face of such a unique experience, it would seem critical to examine the resulting impact, as well as identifying collegial responses in cases of personal and professional impairment of mental health professionals.

While the literature has examined many facets of client distress, little has been written concerning practitioners' experiences of distress which may adversely affect personal life and/or professional performance. Nationally, a movement is occurring to aid the "impaired or wounded healer." The concept of "impairment," however, has yet to be clearly defined (Guy, 1987). The American Psychological Association committee on Distressed Psychologists has taken the

stance that all psychologists are distressed at some point in time or another, but recognize many professionals do not equate this distress with being impaired. Additionally, the committee endorsed the position that unless the psychologist's work is impaired, "the association has no business interfering, nor compelling that individual to do anything" (Denton, 1987, p. 20).

While the American Psychological Association (APA) has established these preliminary guidelines necessary for the organization to intervene, intervention guidelines for colleagues to respond to other colleagues whom they perceive impaired are still vague to non-existent. In lieu of organizationally endorsed guidelines, the question is raised as to the role of other colleagues as potential intervention agents.

The purpose of this preliminary study was two-fold. One objective was to develop a profile of a collegial definition of "impairment." The study focused on the identification of behaviors exhibited by colleagues that university counseling center professional staff perceived as detrimental to the individual, clients or to the university. The second objective was to identify the responses of professionals when encountering these "impaired" colleagues.

METHOD

A total of 35 counselors drawn from APA approved university counseling centers completed the questionnaire. Participants were requested to describe three events or situations in which a colleague was perceived as engaging in personally and/or professionally detrimental behaviors. In addition, questionnaire items addressed participants' responses to colleagues that had been described as "impaired."

RESULTS

The sample consisted of 17 (48.6%) female professionals, 15 (42.8%) male professionals, and 3 (8.6%) undeclared. The number of years employed in the present work setting ranged from less than 1 to 28. The sample was composed of 27 (77.1%) Caucasians, 1 (2.8%) Black, 2 (5.6%) Hispanics, 2 (5.6%) Asian Americans, 0 American Indians (0.0%), and 3 (8.4%) undeclared. The ages of the respondents ranged from 27 to 62 years. The mean age of the 35 participants was 41.9 years of age. The mean number of years in current work setting was 9.7 years. Ranges of age and years in current work setting within the sample are shown in Table I.

The 100 incidents reported by counselors were placed into one of 5 categories (based on logical similarity to each other): (a) role stresses; (b) organizational stressors; (c) psychological and physical health factors; (d) chemical use/abuse; and, (e) legal/ethical issues. After training on the use of categories, 2 independent raters (Ph.D. level counseling psychologists in university counseling center settings) had an 86.8% agreement on the placement of the items.

(a) Role Stressors

Practitioners reported four forms of role stressors.

1. The counselor experiences role overload, i.e., too many responsibilities, inability to delegate, long work hours, difficult balancing teaching/private practice commitments with primary responsibilities to the counseling center.
2. The counselor experiences overall job dissatisfaction.
3. The counselor experiences overall life dissatisfaction.

4. The counselor experiences difficulties in primary significant relationship outside the work setting which reflects in professional performance.

Eleven percent of the 100 incidents described fell into this category. Of these, only one was indicated to be hypothetical. No information was obtained on gender, age, or ethnic origin of those colleagues described as being in distress.

Eighty-one point eight percent reported verbal expression of concern to the "impaired" individual's well-being. The most frequent responses of the "impaired" colleague were immediate expression of concern (63.6%) and expression of feelings about the specific event or situation (72.7%). Twenty-seven point three percent waited and then expressed concern and/or spoke with another colleague about the concern. None of the respondents avoided interaction with the "impaired" colleague. Fifty-four point five percent reported expression of concern by physical comfort, while 63.6% spent time away from the office with the colleague.

Seventy-two point seven percent reported that responses expressing concern for colleagues' personal well-being were facilitative. Twenty-seven percent reported responses as having no effect.

(b) Organizational Stressors

In situations falling under this category, the counselors seem to be referring to actions of the impaired individual which were perceived as influencing the overall effectiveness of the organization. Ten percent of the reported incidents fell into this category, with only 1 being reported as hypothetical. The incidents most frequently cited were situations in which factions within the organizational unit were created which interfered with organizational functioning and staff morale.

Seventy percent of the respondents reporting incidents in this category were female, 30% male. Sixty percent reported expressing concern regarding colleague's personal welfare. The most frequently reported responses to collegial personal well-being were the following: 70% spoke with another colleague; 50% immediately expressed concern to the individual; 50% spoke with a friend about concerns; 40% spoke with a superior; and 60% either initially or eventually began to limit interactions with the colleague.

Fifty percent of the respondents reporting incidents in this category perceived responses as being facilitative, 40% felt responses had no effect, while 10% perceived intervention as being disruptive.

(c) Psychological and Physical Factors

The literature clearly suggests that there is a prevalence of psychological and physical health problems for helping professionals that have a potential impact on personal and professional performance (Deutsch, 1985; Guy, Stark, & Poelstra, 1987; Thoreson, Budd & Krauskopf, 1986). This category included psychological states such as depression, anxiety, obsession, somatic and actual physical complaints. Twenty-three percent of the 100 incidents reported fell into this category, with 13% (3) being indicated as hypothetical. Thirty-nine point one percent of the participants reporting incidents that fell into this category were female, 56.5% male, 4.3% undeclared. Eight-nine point nine percent reported expressing concern for colleagues' personal well-being.

The most frequently reported behaviors expressing concern for personal well-being were: 13 respondents spoke with another colleague about concern (56.5%); 12 shared perceptions with colleague (52.5%); and, 9 waited for a while and then expressed concern (39.1%).

Thirty-nine point one percent of the respondents perceived the outcome of the intervention as facilitative. Thirty-four point eight percent received the

intervention as having no effect; while, 13% (3) perceived the intervention as disruptive.

(d) Chemical Use/Abuse

Of all situations reported by the participants, 17% related to alcohol usage by colleagues. Of these, 47% were hypothetical. No other drugs were identified as abused substances. Numerous reports involved colleagues showing up for classes while under the influence. Fifty-two point nine percent of participants reporting incidents in this category were female, 41.2% male, and 5.9% undeclared.

Seventy-six point five percent of the participants reported expressing concern for the personal well-being of the "impaired" colleague. The most frequently reported behaviors were: speaking with another colleague about the specific event (64.7%); expressing feelings about specific event to colleague (47%); and, immediate expression of concern (29.4%). Twenty-three point five percent reported speaking with a superior about concerns.

Forty-one point two percent perceived interventions as facilitative, while 52.9% (9) perceived intervention as having no effect. Five point nine percent vieved intervention as being disruptive.

(e) Legal/Ethical Issues

The 39 (39%) responses which fell into this category (23.1% were indicated as hypothetical) were classified into two groups:

1. Clear legal/ethical violations as described by APA Ethical Standards for Service Providers, e.g. sexual harassment, sexual relationships with clients, rape, and theft.

2. Borderline ethical issues, e.g. intimate relationships with "former" students or "former" supervisees; drawing clients from university counseling center into private practice.

Sixty-one point five percent of the respondents reporting incidents in this category were female, 38.5% male. Seventy-six point nine percent reported expressing some form of concern for the personal well-being of the colleague perceived as "impaired."

Most frequently reported behaviors exhibited as a means of expressing concern for colleagues' personal well-being were: immediate verbal expression of concern (53.8%); sharing feelings about specific event of situation (42.6%); speaking with a superior about concern (38.5%); and speaking with another colleague (35.9%).

Forty-eight point seven percent of respondents reported that interventions in expression of concern for colleagues' personal well-being were perceived as facilitative and 30.8 perceived intervention as having no effect. Twelve point eight percent perceived intervention as disruptive, while 5.1% reported that colleagues left university before the opportunity to express concern occurred.

Table II shows the categories of participants' responses to perceiving "impaired" colleagues engaging in behaviors that are perceived to be detrimental to personal functioning. Table III shows the percentage of participants responding to each of the items addressing the expression of concern for colleagues' personal well-being. Table IV shows the perceived effectiveness of chosen means of intervention.

Thirty-five point nine percent of respondents expressed that under no circumstances would they hesitate in expressing concern for colleagues. However, others expressed a wide variety of reasons to hesitate in intervening with colleagues when signs of "impairment" became apparent. The most frequently

reported responses were: 30.8% did not feel that expressing concern for colleagues would result in behavior change by the colleague. Twenty-five point six percent expressed general feeling of uncomfortableness in expressing concern to colleagues. Twenty-three point one percent felt that intervention would have no impact. Twenty-three point one percent also expressed concern that intervention might be only relative to own personal issues. The least reported reasons to hesitate in offers of support were fear for physical safety and fear that intervention might result in colleagues' leaving the university. Table V shows the percentage of counselors indicating specific reasons for hesitating when deciding how to intervene once an "impaired" colleague has been observed.

Overview of Results

Results suggest that the most frequently reported incidents fell within either the categories of Legal/Ethical Issues (39%) or Psychological and Physical Health Factors (23%). Content analysis of the incidents and responses showed distinct differences in treatment between individuals impaired in the two areas. First, a larger percentage of counselors verbally responded to the personal well-being of colleagues perceived as being "impaired" psychologically or health-wise (86.9%), than to those engaging in illegal/unethical behaviors (76.9%).

Upon closer examination of the behavioral responses unique to the expression of personal concern, the existence of differential treatment becomes much more apparent. First, a larger percentage of participants responded by immediately expressing concern for colleagues' personal when legal/ethical issues were involved (53.8%) than to situations involving psychological/health issues in which a larger percentage of counselors reported delaying responding (39.1%). Intervention seemed to be much more immediate when legal/ethical issues were

involved. Such results might indicate that APA guidelines for intervening in legal/ethical violations may positively influence a professionals' level of motivation to intervene, however, where there were no guidelines, as in the case of psychological/health deterioration, hesitations to intervene occurred more often. This conclusion is also supported by the reported tendency for a larger percentage of counselors to delay responding in incidents involving psychological/health issues, than in cases of violation of legal/ethical issues.

Second, in incidents of psychological and health deterioration, none of the respondents chose the option to ignore colleagues' discomfort by not giving any indication of concern. Whereas in violation of legal/ethical principles, 12.8% of counselors selected this option as a response in the expression of concern for colleagues' personal well-being. On the other hand, more counselors reported speaking with a superior about concerns for the impaired colleague when legal/ethical principles were perceived as being violated, than when mental and physical deterioration is apparent. This would seem to indicate that some professionals are speaking directly to superiors without first going to the individual which is in direct violation of APA guidelines.

Third, a larger percentage of counselors (48.7%) perceived interventions with "impaired" colleagues as facilitative in incidents related to legal/ethical violations (48.7%), than those who chose to intervene with colleagues experiencing psychological and/or health deterioration (39.1%). The differences may once again be attributable to the presence of guidelines in the case of legal/ethical violations, but none in the case of psychological/health impairment. However, it must be noted that even with existing guidelines for addressing professional violations, a little less than half of the interventions were perceived as effective.

Fourth, 34.8% of counselors expressing personal concern in incidents of psychological/health impairment perceived intervention as ineffective, whereas 30.8% reported an ineffective outcome in cases of legal/ethical violation. This potential for ineffective intervention may contribute to the tendency for professionals to hesitate in approaching those that are perceived as "impaired." Twenty-eight point six percent of participants reported perceived ineffectiveness as a primary reason for hesitating in expressing concerns to colleagues within the work environment.

Fifth, respondents within both groups perceived intervention as disruptive with similar frequency: 13% with incidents of psychological and health impairment; and 12.8% with incidents of violation and legal and ethical principles. This potential for a disruptive outcome may also cause professionals to have second thoughts about approaching an "impaired" colleague. Such second thoughts could contribute to the general uncomfortableness expressed by 28.6% of counselors in approaching colleagues perceived as "impaired."

In addition to results related to the two largest categories of incidents, other observations existed that researchers found to be well worth mentioning. 90.9% of the counselors reporting incidents categorized as Role Stresses responded by verbally expressing concern for colleagues' personal well being. The percentage of response was the highest reported within any other category. This was also true for the percentage of counselors who perceived intervention as facilitative. Seventy-two point seven percent of all counselors reporting Role Stresses incidents perceived the outcome of expressing concern to the impaired colleague as effective. More counselors in this category than in any other (63.6%) immediately went to the colleague and expressed concern for their personal well-being. More counselors in this category, than in any other (72.7%) shared feelings in general about the specific event or situation with

the colleague perceived as being impaired. Another unique characteristic of respondents to this particular category of concern is that none opted to withdraw from interacting with the colleague, nor did anyone pretend to overlook evidence of "impairment." Such results were not found to be true for respondents in any of the other categories.

One possible explanation could be that an overwhelming majority of the counselors reporting incidents in this category were female (81.8%). One counselor was male and one was unspecified. The overwhelming imbalance between sexes was found in none of the other categories. Are role stresses ills that are more of a concern for female counselors and therefore more females reported this as a cause for impairment? Do more female counselors perceive role stresses as legitimate concerns to be addressed more so than male counterparts? Are female counselors in general more apt to observe "impairment" in this area and effectively express concern for the personal well-being of another colleague? These questions remain unansvered.

Another possible explanation is that role stresses are natural occurrences in the lives of all professionals, particularly those in university student affairs positions. Given that this is a burden that all must bear, survive and overcome at some point, counselors may feel a special affinity and empathy with a colleague who is experiencing what they have experienced and survived. Having survived may provide counselors with the hopefulness for a positive outcome that would seem to be necessary to motivate them to intervene with an impaired colleague.

The lowest percentage of counselors reporting immediate expression of concern for the colleagues' personal well-being was found in the Chemical Use/Abuse Category (29.4%). This might be explained by the same rationale as above in reverse. Chemical use/abuse would not be perceived as an appropriate

or legitimate means of coping, colleagues engaged in such activities may appear alien to many counselors who have never abuse substances or overcome addictive behaviors. Such feelings of alienation could well contribute to the tendency for most counselors to hesitate in approaching a colleague who is perceived as being impaired by substance abuse, in these incidents alcohol.

Hesitation to respond may also be explained by the lack of clearly specified guidelines for professionals to follow when faced with a colleague who is experiencing problems in this area. Counselors may not know what the appropriate response might be. Results suggest that in this case, instead of speaking directly with the impaired colleague, counselors tended to choose to speak to other colleagues about their concerns. In fact, the second highest percentage of counselors using this option in response to observing an impaired colleague fell into this category (64.7%). (The highest percentage fell within the Organizational Stresses Category: 70%.) Furthermore, it is only within this category that the percentage of intervention outcomes perceived as ineffective (52.9%) was higher than that indicating the percentage of those perceived as facilitative (41.2%). The development of guidelines for addressing this concern within the work environment appears to be warranted. In addition, given that only 23% of the counselors reported observations of impairment and concerns for the colleague to a superior and that only 50% of reported interventions were perceived as facilitative, one possible outcome could be an entire office standing by watching the deterioration of a fellow professional. The same outcome could also be true for incidents involving psychological/health impairment where results were very similar.

Although incidents related to impairment resulting from organizational stresses were least frequently reported (10%), responses to impairment resulting from this concern were unique in some aspects. It is within this category that

the highest percentage of counselors reported the following alternative responses to the "impaired" colleague: cooling interactions with the "impaired" colleague (30%), never giving the colleague any indication of concern (30%), speaking with another colleague (70%) about the concern, and/or speaking with a superior about concerns (40%). Such interaction patterns would obviously not lead to much resolution among existing factions within the office. What are psychologists to do when the work environment becomes dysfunctional? Who are they to turn to, and when is it appropriate to do so? Who decides? These are questions that remain unaddressed and unansvered.

IMPLICATIONS

During the 1988 American College Personnel Association Conference, a sub-committee of Commission VII, the Commission for Counseling Psychological Services raised questions about attending to the emotional needs of those providing psychological services on university campuses. Three suggestions resulted from this discussion. The first suggestion indicated the need for a built-in forum allowing counselors to share feelings related to both personal and professional experiences in a supportive, confidential setting. Some centers reportedly were setting aside time to provide staff with the opportunity to do so on a voluntary basis. Structuring time into the regular schedule relayed the important message that the well-being of staff is of primary concern to the center as well as the university. Such a strategy would provide the opportunity to address issues long before crises or "impairment" occurs. In addition, the existence of a support group for staff would assist in negating the belief that practitioners should be able to heal themselves in all cases.

Secondly, the development of a national hotline for counselors to call when in crisis was raised as a possible alternative. This option would provide

professionals with anonymity, short-term support, and possibly some referrals when appropriate. This has yet to be developed, but work is presently being done toward implementation.

The final suggestion came in the form of a challenge for all attending professionals to return to work environments with increased sensitivity and willingness to attend to the needs of fellow professionals, at least to the extent that all behaviors, personal or professional, productive or nonproductive, positive or negative, are acknowledged. In cases of positive, productive behaviors, acknowledgment could be the validation that may prove to be critical in maintaining the level of personal and professional motivation to continue in behaviors resulting in a more effective professional. Developing a pattern of being supportive of a colleague may also make it easier to approach them when "impairment" is apparent. Warm, nonjudgmental acknowledgment given during periods of impairment could possibly be the impetus to colleagues seeking professional help outside of the center. Either of these suggestions, in addition to the development of concrete guidelines for intervention in cases other than professional/legal issues would more than likely result in a positive influence upon staff morale, the effectiveness of center services, as well as the profession as a whole.

CONCLUSIONS

Conclusions from this study should be made with great care. The initial intent was to sample nationally. 180 questionnaires were mailed. To date, 60 (33%) returned the packets, however, of these only 35 completed the questionnaires. The responses of the participants concerning the delicate nature of colleagues in distress and the issue of blurred professional responsibility to colleagues may account for the low return. Other factors may include timing and

the usual difficulties with mail surveys. (Many returned uncompleted questionnaires with attached notes indicating interest, but lack of time for completion or suggestions that their views were not what the researchers were looking for in the study.) What seems evident from this preliminary study is that professionals seem, to some extent, to decide to intervene with impaired colleagues based upon the category of concern, the existence of guidelines, and perceived potential for change. Perhaps the issue of personal values regarding collegial responsibility, risk-taking propensity and/or having a personal relationship with the "impaired" individual is the key. It is apparent that further exploration in this area is needed.

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TABLE I

Representation of Counselor's Ages
and Years at Present Work Setting

Ages Ranges	#	%	Years Present Setting	#	%
27-30	2	5.7	1- 5	12	34.3
31-35	4	11.4	6-10	8	22.8
36-40	11	31.4	11-15	5	14.3
41-45	7	20.0	16-20	3	8.6
46-50	2	5.7	21+	3	8.6
50+	5	14.3	NI	4	11.4
NI	4	11.4			

NI = Not Indicated

TABLE II

% Counselors Expressed Concern for
Colleagues' Personal and Professional Welfare

	Personal Welfare (%)
Role Stresses	90.9
Organizational Stresses	60.0
Psychological/Physical Health Factors	86.9
Chemical Use/Abuse	76.5
Legal/Ethical Issues	76.9

TABLE III

% Counselors' Responses to Questionnaire Items
Expression of Concern for Personal Welfare (%)

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a. Immediately said (would say) that I was concerned.

b. Expressed (would express) my feelings about the specific event or situation.

c. Waited (would wait) until later, then said (would say) something about my concern.

d. Because (would become) cool in my interaction with the colleague.

e. Never gave (would give) the colleague any indication of my concern.

f. Spoke (would speak) with friend about my concern.

g. Spoke (would speak) with another colleague about my concerns.

h. Spoke (would speak) with a superior about my concern.

(Counselors were asked to check as many responses applicable.)

RS = Role Stresses
OS = Organizational Stressors
P/P = Psychological and Physical Health Factors
CHEM = Chemical Use/Abuse
L/E = Legal/Ethical Issues

ITEM	RS	OS	P/P	CHEM	L/E
a.	63.6	50.0	34.8	29.4	53.8
b.	72.7	40.0	52.2	47.0	43.6
c.	27.3	20.0	39.1	35.3	25.6
d.	0	30.0	0	0	7.7
e.	0	30.0	0	11.8	12.8
f.	9.1	50.0	26.1	23.56	15.4
g.	27.3	70.0	56.5	64.7	35.9
h.	18.2	40.0	30.4	23.5	38.5

TABLE IV

Perceived Outcomes of Responses to Impaired Colleague (%)

a. Facilitative effect

b. No effect

c. Disruptive effect

d. Colleague left university before I expressed my concern

RS = Role Stresses
OS = Organizational Stressors
P/P = Psychological and Physical Health Factors
CHEM = Chemical Use/Abuse
L/E = Legal/Ethical Issues

ITEM	RS	OS	P/P	CHEM	L/E
a.	72.7	50.0	39.1	41.2	48.7
b.	27.3	40.0	34.8	52.9	30.8
c.	0	10.0	13.0	0	12.8
d.	0	0	0	0	5.1